

back from insurance companies that made every single decision. Being able to know that, if, in fact, you get sick or your child has a serious health condition, they won't be denied care for the rest of their lives, and also being able to have them on your insurance as they start off in life—there are so many protections. The caps on treatments and the number of treatments and services provided have been eliminated. The Patients' Bill of Rights is absolutely critical.

I want to take just a moment to speak about another piece of this, which relates to the Patients' Bill of Rights as it relates to women. In the past, the majority of plans—about 70 percent of the insurance plans in the private sector that a woman might try to choose and purchase—wouldn't cover basic maternity care. I couldn't believe it when I first heard that. Wait a minute. It wouldn't cover basic maternity care? Now every plan has to cover basic maternity care. It makes sense. No longer is just being a woman a preexisting condition. That is part of the Patients' Bill of Rights.

The capacity to now get preventive care, a mammogram, cancer screenings, and other types of preventive care is done without a copay. So we want people to go and get that checkup and, if there is a problem, to be able to tackle it early. That is most important because it is better for the person, but it also means there will be less cost to the health care system if you can catch something early. So the Patients' Bill of Rights is really critical to that.

There is something else that is also in here that is appalling to me and goes directly to the question of women's health care, and that is the fact that this bill repeals Planned Parenthood services and, basically, guts health care for women across Michigan and women across the country. For 75 percent of the women who use a Planned Parenthood clinic in Michigan, their visit will be the only health care they get all year.

We have rural counties in northern Michigan where the only health care clinics doing preventive care—cancer screenings, basic services, OB/GYN visits—are the Planned Parenthood clinics. So many women across Michigan will see their access to health care denied if this passes and Planned Parenthood loses its funding. There were 71,000 patients, the majority of them women, in Michigan in 2014, who received care—breast exams, Pap smears, prenatal visits. Again, tying this all together, we want to cover maternity care, but we also want healthy moms and healthy babies, and that means prenatal care. We have communities in these small towns, as well as in the big cities. But it affects small towns and rural communities around Michigan, where women are going to be denied services, and it is the only clinic that is there.

I want to share a story from Laurie in Jonesville about the Affordable Care

Act and her particular situation. She said:

I have had type I diabetes for 54 years and when I needed to retire early at the age of 62 because of complications related to diabetes, I looked at the ACA for health insurance. . . . I couldn't afford COBRA.

I was able to buy health insurance at what I consider an affordable price with a small copay for my medications, the most expensive one being insulin at a retail price of \$296 a month. As you know, my preexisting conditions of type I diabetes, heart disease and a visual impairment, both complications of diabetes, would have been uninsurable without the ACA. I would have been uninsurable.

That is without the Patients' Bill of Rights, which says she has a right to be able to purchase health insurance.

In June of 2016 I was diagnosed with breast cancer, luckily diagnosed at Stage I in a routine mammogram. Without the ACA I wouldn't have been able to afford the mammogram or the subsequent treatment without depleting our life savings. I quickly reached my maximum out of pocket cost and while some people would complain about having to pay that, not me! My total bill so far is over \$150,000. . . .

That is for her cancer treatment.

There is the combination here of repealing Planned Parenthood funding for health clinics that allow someone like Laurie to go in and get a mammogram rather than waiting until she has a level of breast cancer that cannot be effectively treated or might otherwise cause loss of life. She was able to catch this early because she was able to get a screening—a mammogram—the kind of treatment that women in small towns all over Michigan have the capacity to do now because of the reasonable copays for care and partly because there is no copay for that mammogram but also because they have a clinic available in their community where they can get the care. All of this fits together—the access to preventive care for women, the health care clinics that are available around Michigan and around the country, and the Patients' Bill of Rights, which says you have a right to care. This is not just about the insurance company basing every decision on the fact that they want to make more money rather than cover you. You have a right to make sure that when you get sick, you don't get dropped, and, if you have breast cancer or diabetes, you have a right to have access to affordable health care.

So I would hope that our colleagues would join together, stop this craziness of trying to repeal health reform and protections for every single American, and, instead, sit down together and look at how we can make it better.

Our Republican colleagues will find willing partners in making the system more affordable and better, but we will continue to be the strongest possible opponents of ripping the system apart and creating chaos for American families.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

AMENDMENT NO. 52

Mr. ENZI. Mr. President, I call up amendment No. 52 and ask unanimous consent that it be reported by number.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The clerk will report the amendment by number.

The senior assistant legislative clerk read as follows:

The Senator from Wyoming [Mr. ENZI], for Mr. FLAKE, proposes an amendment numbered 52.

The amendment is as follows:

(Purpose: To strengthen Social Security and Medicare without raiding it to pay for new Government programs, like Obamacare, that have failed Americans by increasing premiums and reducing affordable health care options, to reform Medicaid without prioritizing able-bodied adults over the disabled, and to return regulation of insurance to State governments)

At the end of title III, add the following:

**SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PROTECTIONS FOR THE ELDERLY AND VULNERABLE.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to protections for the elderly and vulnerable, which may include strengthening Social Security and Medicare, improving Medicaid, housing reform, and returning regulation of health insurance markets to the States, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

**RECESS**

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate stands in recess until 2 p.m.

Thereupon, the Senate, at 1:01 p.m., recessed until 2 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

**CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017—Continued**

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, as the ranking member of the Budget Committee, I want to take this opportunity to make several points in opposition to the Republican side-by-side amendment and in support of the amendment that I have offered.

Like many Republican proposals, if you read the Republican amendment, it sounds good on the surface, but if you probe half an inch into it, you recognize what an incredible disaster it will be for working families of this country—nice words, but devastating impacts. So I want to talk about that.

No. 2, I want to talk about what it will mean if, in fact, the Republicans

are successful in doing what they want to do, which is repealing the Affordable Care Act—something which I, and I think virtually every Democrat, will do our best to oppose—and what it will mean to the American people if the Affordable Care Act is repealed without any alternative to replace it.

What that, in fact, will mean is throwing 30 million people off of their health insurance. Thirty million people will lose their health insurance. I have not seen any Republican studies as to how many of those people will die, but certainly many thousands of them will die because if you are sick and you don't have any money and you don't have any health insurance, you cannot get to a doctor or you cannot get to a hospital. In fact, there have been some studies suggesting that thousands of people will die, and certainly many others will become much sicker than they should be. That is what happens when you simply throw 30 million people off of health insurance and you have no alternative plan.

Nobody in the Senate thinks the Affordable Care Act is perfect, least of all me. I think it needs significant changes. Let's work together to change it. But you cannot just repeal it without any alternative.

Not only will a repeal throw 30 million people off of health insurance, it will devastate millions and millions of low- and moderate-income families by making major cuts to Medicaid, and that includes many middle-class families who use Medicaid to support payments for their parents who are in nursing homes.

If you repeal the Affordable Care Act without a replacement, you are going to significantly increase the cost of prescription drugs for senior citizens, many of whom have a hard time right now paying for their medicine. And while you have thrown millions off of health insurance, while you make devastating cuts to Medicaid, while the repeal of the Affordable Care Act will raise the cost of prescription drugs for seniors, a repeal would do something else, which is not terribly surprising coming from Republicans. It would provide \$346 billion in tax breaks to the top 2 percent. Millions lose their health care, the costs of prescription drugs go up, middle-class families will not be able to afford nursing home care for their parents, but, importantly, from the Republican perspective, \$346 billion in tax breaks will go to the top 2 percent.

Now, this is a set of priorities which I, frankly, believe the American people do not support.

Also this afternoon I want to touch on another issue that is actually even more important than the previous two, and that is, to my mind, in a Democratic society, a candidate for President—in this case Mr. Trump—cannot simply say one thing over and over again, cannot go out to the American people and make campaign promises, but the day after the election, forget about what those promises were about.

Now, here is the purpose of the Republican amendment. This is what is in front of all of us right now.

Purpose: To strengthen Social Security and Medicare without raiding it to pay for new Government programs, like ObamaCare, that have failed Americans by increasing premiums and reducing affordable health care options, to reform Medicaid without prioritizing able-bodied adults over the disabled, and to return regulation of insurance to State governments.

That is the exact quote of the purpose of the Republican amendment that we will be voting on in a few moments. It sounds pretty good. But let us translate it into English, and let us be very clear about what these words actually mean and why this amendment should be opposed by every Member of the U.S. Senate.

The Republicans say in their purpose that they want to “strengthen Social Security and Medicare.” Well, count me in. That is exactly what I want to do. But how do they propose to go about doing that? They are going to strengthen Social Security and Medicare by making devastating cuts to Social Security and Medicare. That is a strange way to strengthen a program.

As we speak right now, the Republican chairman of the House Ways and Means Subcommittee on Social Security—the committee that has jurisdiction over Social Security—has introduced legislation which will make devastating cuts to Social Security. That is a very unusual way to strengthen that program.

My Republican friends will tell us that the only way we can “strengthen Social Security” is, in fact, to cut Social Security. Now, talk about fake news; talk about Orwellian language. We are strengthening Social Security by cutting Social Security. To all those seniors and disabled veterans who are out there and who are trying to get by on \$13,000, \$14,000, \$15,000 a year in Social Security benefits, my Republican colleagues are going to “strengthen” Social Security and they are going to do it by cutting your benefits. That is a very strange way to strengthen Social Security.

It seems to me that if we are serious about really strengthening Social Security, what that means in plain English—not Orwellian language—is, No. 1, if you want to strengthen it, we have to extend the life of Social Security. Social Security now can pay out every benefit owed to every eligible American for 17 years. That is OK. It means we are not in a crisis, but it is not good enough. I want to see Social Security be solvent for another 50 or 60 years. That is strengthening Social Security.

When we talk about strengthening Social Security, that means increasing benefits, not cutting benefits. The truth is that seniors in this country cannot make it on \$13,000 or \$14,000 a year in Social Security benefits; we need to increase and expand their benefits.

Thirdly, if we are serious about strengthening Social Security, we need

to end the absurdity of seniors who this year got a COLA of three-tenths of 1 percent, and in recent years have gotten COLAs of zero percent because the formula that determines COLAs for people on Social Security is totally inadequate and an incorrect formula, not really measuring the cost-of-living expenditures of senior citizens.

That is what we have to do to strengthen Social Security.

How do we do that? I have legislation that will do just that. But do my colleagues know what? Despite all of the talk of my Republican colleagues wanting to strengthen Social Security, we have zero Republican cosponsors on that idea.

The way we do it—a concept supported by many of the major senior organizations in this country—would eliminate the earnings cap on all taxable income above \$250,000. Right now, if you make \$1 million a year, \$10 million a year, you contribute the same amount into the Social Security trust fund as somebody who makes about \$118,000. That is wrong. That is unfair. Lifting that cap, starting at \$250,000 and above, would impact only the top 1.5 percent. If we do that, we can extend the life of Social Security for well over 50 years and we could expand benefits for people living on less than \$16,000 a year by more than \$1,300 a year. That is how we strengthen Social Security. But I have not heard one Republican in this body speak in support of that proposal.

Now, Republicans say they want to strengthen Medicare without raiding it to pay for new government programs like ObamaCare. That is what they state in their purpose. So let me be absolutely clear. That is a totally false statement. It is not true. The so-called raid was an effort to save some \$700 billion over a 10-year period by making Medicare more efficient and more cost effective.

My Republican friends talk every day about the need to bring increased efficiencies into government programs. They are right. We need to do that. And that is precisely what the Obama administration did. My Republican friends will not get up here and tell us that there was one nickel of Medicare benefits cut as a result of the creation of the Affordable Care Act. There was not one nickel of benefits cut. They know it. I know it. They will not say otherwise.

So the \$700 billion was in savings, doing the right thing—not cutting a nickel of benefits from Medicare. I hope my Republican colleagues will not continue to try to spread this mistruth.

The Republican amendment that we are going to be voting on talks about reforming Medicaid without prioritizing able-bodied adults over the disabled. It sounds good. What are they talking about in real English? What they want to do is “reform” Medicaid without prioritizing able-bodied adults over the disabled. What does that

mean? It means not only do they not want to see Medicaid expanded, as over 30 States have done, what they want to do, and what this language is really about, is to throw millions of people off of Medicaid. We are the only major country on Earth that does not guarantee health care to all people. Some 28 million Americans today have no health insurance. They want to throw millions more off health insurance.

So if you are an “able-bodied” adult making the Federal minimum wage of \$7.25 an hour—which, by the way, they don’t want to raise. Vermont has raised its minimum wage to \$10 an hour. I don’t know what it is in Wyoming—\$7.25. But if you are in a State where minimum wage is still \$7.25 and you are able-bodied, do the arithmetic. If you have a couple of kids, health insurance will cost you \$10,000, \$15,000 a year. How do you afford that when you are making \$8, \$9, \$10 an hour? You don’t afford it. That is able-bodied.

The last I heard, it is not criminal activity to be working and making \$8, \$9, \$10 an hour. Unfortunately, that is what millions of people do. They cannot afford health insurance. What many of us have tried to do is expand Medicaid so that they will get health insurance, but what the Republican proposal and their language is about is the denying health insurance for the so-called able-bodied. Let’s get rid of the word “able-bodied.” Let’s talk about working people at starvation wages who cannot afford health insurance. That is what that language means in English.

The Republican’s proposal we will be voting on also talks about “returning regulation of insurance to State governments.” OK. It sounds good. What does that mean in the real world? That means you could be denied coverage for a preexisting condition.

I just met a woman last night dying of breast cancer. That is her reality, but she was able to get health insurance, despite having a very severe situation, because we abolished the insurance companies’ ability to say no to her and to millions of other people who have preexisting conditions.

When you want to return regulation of insurance to State governments, that is precisely what they can do—the law is gone. The insurance companies can say: You have cancer; we are not going to cover you because you are going to cost us too much money, and we can’t make any money from you. Insurance companies could refuse to cover needed things like maternity care, prescription drugs, or high-cost diseases like HIV and many others. That is what they mean when they talk about returning regulation of insurance to State governments, doing away with all of the patient protection we have passed here in Washington that is widely supported by the American people. Go out to Wyoming, go to Vermont, go to Oregon, go to any State and ask the people if we should repeal preexisting conditions so insurance

companies can discriminate against people with illness, and they will tell you overwhelmingly no.

So the Republican proposal, which sounds nice, is in fact a devastating amendment that would very negatively impact many millions of people. I hope every Member of the Senate will reject that Republican amendment and in fact vote for an amendment I will be offering which addresses two very important issues:

No. 1, at a time of massive income and wealth inequality, at a time when a tiny sliver of our population—the people on top—are getting phenomenally wealthy, phenomenally richer, we have an explosion of billionaires in recent years while the middle class continues to shrink. At a time when we are the only major country on Earth not to guarantee health care as a right to all of our people, it would be absolutely unacceptable to take away health insurance from 30 million Americans, unacceptable to privatize Medicare, unacceptable to slash Medicaid, unacceptable to increase the costs of prescription drugs for seniors, unacceptable to defund Planned Parenthood—a high-quality health care organization providing health care to over 2 million Americans, many of whom are low income women. So a vote for the Sanders amendment rejects all of those very bad ideas.

If we throw 30 million people off health insurance and if we do not have a plan to replace it, I would hope my Republican colleagues would have the decency to tell us how many of those 30 million people will die. If we are going to be considering this legislation and throwing 30 million people off who can no longer get to a doctor, can no longer get to the hospital because they don’t have the money, how many of them will die? Tell us. Tell us so we can hold that in consideration as we look at this proposal.

For years, it is no secret Republican leaders like PAUL RYAN and Congressman TOM PRICE have wanted to end Medicare as we know it. That is what they have told us. It is not what I am saying. It is not a great secret.

What does that mean? What does it mean if we end Medicare as we know it and if we turn it into a voucher program, handing a 65-year-old senior who has been diagnosed with cancer an \$8,000 check and telling them to go out to a private insurance company and buy insurance on their own. That is what privatizing Medicare is about. It is a voucher program. Here is a check. You go out to the private insurance companies. You do your best.

If you are an 80-year-old suffering with cancer and you have a check for whatever it may be—\$8,000, \$9,000 a year—and you go to an insurance company and you say: What do I get for my \$8,000 check, they will laugh at you. They will laugh at you because they understand the cost of your care—your hospital care, your prescription drugs—will go well beyond 8,000 in the first

week, let alone year. You will get nothing. That is what the Republican idea is in terms of privatizing Medicare.

Let me get to the last point I want to make, and that gets well beyond the Affordable Care Act and well beyond Medicaid, Medicare, and Social Security. It gets to the essence of what our political system is supposed to be about, and that is, if we run for office—and every person in the Senate has run for office. If you run for President, you cannot say over and over again that you are going to do this, and the day after the election decide you are not going to do it. That is why so many people in this country are disgusted with the political process. They see people saying: Hey, vote for me. I am going to do A, B, and C, and the day after the election you do the very opposite, D, E, and F.

When he ran for President, Donald Trump ran a very unconventional campaign. That is for sure. He said: I am not a typical Republican. That is what he said. He said: If I am elected President, I, Donald Trump, am not going to cut Social Security, I am not going to cut Medicare, and I am not going to cut Medicaid. He didn’t say that once. He wasn’t caught in an ambush interview. That was the heart and soul of his campaign. That is what he said to the elderly and to working-class Americans, and many voted for him precisely because he said he would not cut Social Security, Medicare, and Medicaid.

On May 7, 2015, Mr. Trump tweeted: “I was the first and only potential GOP candidate to state there will be no cuts to Social Security, Medicare, and Medicaid.”

April 18, 2015, Trump said:

Every Republican wants to do a big number on Social Security. They want to do it on Medicare, they want to do it on Medicaid, and we can’t do it. And it’s not fair to the people that have been paying in for years. Now, all of a sudden they want to cut it.

August 10, 2015, Trump said:

I will save Medicare, Medicaid, and Social Security without cuts.

Without cuts.

We have to do it. People have been paying in for years and now many of these candidates want to cut it.

March 29, 2016, Trump said:

You know, Paul [Ryan]—

PAUL RYAN is, as we all know, the Speaker of the House—

wants to knock out Social Security, knock it way down. . . . He wants to knock Medicare way down.

Two things. You will lose the election if you are going to do that. I am not going to cut it, and I am not going to raise ages, and I am not going to do all the things that they want to do. Welcome to “they.” That is what the Republicans are trying to do.

Back to the quote:

But they want to really cut it, and they want to cut it very substantially—the Republicans—and I am not going to do that.

That is where we are today. Republicans have a proposal which will make

devastating cuts to Social Security over in the House, and here by repealing the Affordable Care Act, they are going to cut Medicare and Medicaid.

In December of 2011, Trump wrote:

Now, I know there are some Republicans who would be just fine with allowing Social Security and Medicare to wither and die on the vine. The way they see it, Social Security and Medicaid are wasteful entitlement programs. But people who think this way need to rethink their position. It's not unreasonable for people who paid in to a system for decades to expect to get their money's worth. That's not an entitlement. That's honoring a deal. We as a society must also make an ironclad commitment to providing a safety net for those who can't make one for themselves.

On May 21, 2015, Trump tweeted:

I am going to save Social Security without any cuts. I know where to get the money from. Nobody else does.

On and on and on. These are just some of the quotes. This is not like a statement in the middle of the night. This is what he campaigned on.

What this amendment is about and says to my Democratic colleagues and says to my Republican colleagues is, do we hold and support the process in which a candidate runs for office and over and over and over again tells working families and the elderly he will not cut Social Security, Medicare, or Medicaid—do we hold him to his word or do we just say: Hey, that is just campaign rhetoric. He lied. That is OK. That is politics in America. It doesn't matter what he said. This is the reality. We are going to cut Social Security, Medicare, and Medicaid.

So this amendment tells us that if we go forward with what the Republicans want to do, it will be devastating to the American people, but perhaps, more importantly, what this amendment says is that in a democratic society, we must have faith with the American people. You cannot run a campaign, make promises, and the day after forget about everything you said.

I would hope very much that my Republican colleagues will join all of us on this side in supporting what democracy is supposed to be about. We have differences of opinions. Mr. ENZI and I disagree on a lot of things, but I have never suggested that Mr. ENZI—when he campaigns, I believe he says what he believes. People vote for him or they vote against him. It is called democracy. Now you have a situation where a candidate for President goes to the working class and says: I will not cut Social Security, Medicare, and Medicaid. Let us tell Mr. Trump: Let us keep faith with the American people. We heard what you said, and we are going to hold you to your word. Let us support the Sanders amendment.

Mr. President, I yield the floor.

Mr. DURBIN. Mr. President, today, Senate Democrats will be voting to protect three programs—Medicare, Medicaid, and Social Security. These programs represent core commitments our Nation has made to seniors, low-income Americans, children, and those living with disabilities.

Social Security, Medicare, and Medicaid reflect who we are as Americans. At one time or another throughout our lives, most of us have or will count on these programs for health care or for financial stability.

During last year's Presidential debate, President-Elect Trump sought to distinguish himself from the field of Republican candidates by stating he was the first and only Republican candidate who would promise not to cut Social Security, Medicare, or Medicaid. Yet, in their first major action of the new Congress, Republicans have taken the first step to dramatically alter and decimate core programs that comprise our safety net. Congressional Republicans want to gut funding, limit benefits, constrict eligibility, and turn guaranteed earned benefits into a voucher and a "good luck" wish. Their approach would violate the pledge we have made to millions of Americans and truly disrupt lives. This is unacceptable. That is why I am cosponsoring Senator SANDERS' amendment to prohibit the Senate from considering any legislation that would violate Donald Trump's promise of not cutting Medicare, Medicaid, or Social Security.

I am committed to ensuring that we meet the promise we made to Americans. Sixty million Americans, including 2 million Illinoisans, depend on Social Security for their well-being, and we must make sure that this vital program is there for both current and future generations.

By 2034, without any reform, Social Security will be unable to fulfill its promise to its beneficiaries. If Congress does not act, beneficiaries would immediately see their benefits reduced by one-fifth.

It remains Congress's responsibility to look to the future and protect the long-term solvency of Social Security while ensuring benefits meet the needs of beneficiaries, especially the most vulnerable among us.

Waiting until tomorrow to do what we could do today—an approach that I have seen fail in Illinois—only makes the task more difficult and likely to cause disruption.

I was a member of the Simpson-Bowles Commission, where we tried to address our budget challenges and the long-term solvency of Social Security. I voted for the Commission's report because I believe we must face the difficult reality that doing nothing may harm the very people we are trying to protect—beneficiaries that rely on the promises we have made. I firmly believe that we, as Members of Congress, have a duty to have these debates and make difficult decisions, not just wait for the inevitable.

While I did not support everything in the final Commission's report, I believe the report included some commonsense options to improve the longterm solvency of Social Security: accelerating the alignment of payroll taxes to their intended level of 90 percent of wages

and realigning benefits to reflect current poverty levels among seniors.

I believe there can and should be evenhanded, bipartisan agreement on a path forward. To do so, we need a collaborative and good-faith partnership to examine the universe of policy options.

Make no mistake—I oppose privatization of Social Security. And recent solvency changes have weighed heavily on beneficiaries. That is why conversations should be balanced and targeted. There must be a dual goal of ensuring the adequacy of benefits, especially for those who rely on Social Security the most, and the long-term solvency of this program.

I look forward to working across the aisle in the future to maintain and build upon our promise to Americans.

AMENDMENT NO. 52

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 52, offered by the Senator from Wyoming, Mr. ENZI, for Mr. FLAKE.

The Senator from Arizona.

Mr. FLAKE. Mr. President, I rise today to speak in favor of the Flake amendment, No. 52, to protect the elderly and vulnerable.

I think the Senator speaking on the other side of the aisle talking about Republicans wanting to cut Medicare and Social Security has it a little backward. According to the non-partisan Congressional Budget Office, under current law Social Security's disability insurance trust fund will be exhausted by 2022 and its retirement fund will be exhausted by 2030. Once exhausted, Social Security beneficiaries could be subject to a cut in their benefits as high as 31 percent if we do nothing, unless we fix these programs.

The problem with the other side of the aisle right now is they don't want to fix these programs. If we adopt the Sanders amendment, it will make it difficult to actually go in and reform these programs in a manner that will make sure they survive for future generations.

We all know we have to have entitlement reform. We want to do it in a way that protects future generations. Unless we reform these programs—and they go in 2022 and 2030—if these benefits are exhausted, people might be subjected to a 31-percent cut. That is not what we want. That is why we have to go in and reform them, and that is why we need to adopt my amendment.

With that, I yield back.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, when my friend Senator FLAKE talks about reforming Social Security, what he is talking about is cutting Social Security. He is suggesting that is the only way we can save Social Security. Of course, that is nonsense. I would urge my good friend from Arizona to get on board legislation that I will be offering. Do you know what it does? It extends the life of Social Security for 55

years and expands benefits, and it does that by lifting the cap so that billionaires contribute more into the Social Security trust fund.

To suggest that nobody on this side wants to do anything is inaccurate. We do want to do something. We want to raise benefits and extend the life of Social Security. And, yes, some campaign donors—billionaires—may have to pay more in taxes.

I urge my colleagues to reject the Flake amendment and support the Sanders amendment.

Mr. President, I raise a point of order that the pending amendment, No. 52, is not germane to the underlying resolution and therefore violates section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. FLAKE. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and the waiver provisions of applicable budget resolutions, I move to waive all applicable sections of the act and applicable budget resolutions for the purpose of the Flake amendment, No. 52, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Alabama (Mr. SESSIONS) and the Senator from North Carolina (Mr. TILLIS).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 31, nays 67, as follows:

[Rollcall Vote No. 5 Leg.]

#### YEAS—31

Burr	Gardner	Portman
Cassidy	Graham	Risch
Collins	Heller	Rubio
Corker	Hoeven	Sasse
Cotton	Inhofe	Scott
Crapo	Johnson	Sullivan
Cruz	Lankford	Thune
Daines	Lee	Toomey
Ernst	McCain	Young
Fischer	Moran	
Flake	Murkowski	

#### NAYS—67

Alexander	Duckworth	Manchin
Baldwin	Durbin	Markey
Barrasso	Enzi	McCaskill
Bennet	Feinstein	McConnell
Blumenthal	Franken	Menendez
Blunt	Gillibrand	Merkley
Booker	Grassley	Murphy
Boozman	Harris	Murray
Brown	Hassan	Nelson
Cantwell	Hatch	Paul
Capito	Heinrich	Perdue
Cardin	Heitkamp	Peters
Carper	Hirono	Reed
Casey	Isakson	Roberts
Cochran	Kaine	Rounds
Coons	Kennedy	Sanders
Cornyn	King	Schatz
Cortez Masto	Klobuchar	Schumer
Donnelly	Leahy	Shaheen

Shelby	Van Hollen	Wicker
Stabenow	Warner	Wyden
Tester	Warren	
Udall	Whitehouse	

#### NOT VOTING—2

Sessions Tillis

The PRESIDING OFFICER. On this vote, the yeas are 31, the nays are 67.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

#### AMENDMENT NO. 19

Under the previous order, there will be 2 minutes of debate, equally divided, prior to a vote in relation to amendment No. 19, offered by the Senator from Vermont, Mr. SANDERS.

The Senator from Vermont.

Mr. SANDERS. Mr. President, this amendment does two basic things. No. 1, it says that the Senate should not go on record in throwing 30 million people off of health insurance, raising the cost of prescriptions drugs for seniors, and privatizing Medicare.

But it also does something else maybe even more important. It says that we should support President-Elect Trump when he campaigned throughout this country saying that I, Donald Trump, will not cut Social Security, will not cut Medicare, will not cut Medicaid. Let's tell the American people that we think that when a candidate for President says something over and over and over, when he promises the working people and the elderly that he will not cut Social Security, Medicare, and Medicaid, we stand with him and we are going to support him and make sure that there are no cuts to Social Security, Medicare, and Medicaid.

Thank you.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I don't think that is exactly what this is about. This amendment is corrosive to the privilege of the budget resolution, meaning it is outside of the scope of what is appropriate for a budget resolution. Any inappropriate amendment could be fatal to the privilege of this resolution, which would destroy our efforts to repeal ObamaCare.

In other words, a vote in favor of this amendment is a vote against repealing ObamaCare. In addition, this amendment is not germane to this budget resolution. This budget resolution is much more focused than a typical budget resolution. The Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment does not meet the standard required by budget law, a point of order would lie; as such, I raise a point of order under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER (Mr. HOEVEN). The Senator from Vermont.

Mr. SANDERS. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive all applicable sections of that act for purposes

of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Alabama (Mr. SESSIONS) and the Senator from North Carolina (Mr. TILLIS).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 49, nays 49, as follows:

[Rollcall Vote No. 6 Leg.]

#### YEAS—49

Baldwin	Gillibrand	Nelson
Bennet	Harris	Peters
Blumenthal	Hassan	Reed
Booker	Heinrich	Sanders
Brown	Heitkamp	Schatz
Cantwell	Hirono	Schumer
Cardin	Kaine	Shaheen
Carper	King	Stabenow
Casey	Klobuchar	Tester
Collins	Leahy	Udall
Coons	Manchin	Van Hollen
Cortez Masto	Markey	Warner
Donnelly	McCaskill	Warren
Duckworth	Menendez	Whitehouse
Durbin	Merkley	Wyden
Feinstein	Murphy	
Franken	Murray	

#### NAYS—49

Alexander	Flake	Paul
Barrasso	Gardner	Perdue
Blunt	Graham	Portman
Boozman	Grassley	Risch
Burr	Hatch	Roberts
Capito	Heller	Rounds
Cassidy	Hoeven	Rubio
Cochran	Inhofe	Sasse
Corker	Isakson	Scott
Cornyn	Johnson	Shelby
Cotton	Kennedy	Sullivan
Crapo	Lankford	Thune
Cruz	Lee	Toomey
Daines	McCain	Wicker
Enzi	McConnell	Young
Ernst	Moran	
Fischer	Murkowski	

#### NOT VOTING—2

Sessions Tillis

The PRESIDING OFFICER. On this vote, the yeas are 49, the nays are 49.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The Senator from Vermont.

Mr. LEAHY. Mr. President, the 115th Congress convened just last week. I had hoped that with all the turmoil in the country that we would begin the year with a renewed sense of cooperation. But I am sorry to say, my friends in the Republican Party have chosen a different path.

The very first thing on the agenda is to press forward with a sham budget. If you ask why we have a sham budget, a fake budget, an unrealistic budget—we find out that its only purpose is to set up a process to repeal the Affordable Care Act with a simple majority vote. Why? Because they know the American people would never allow a repeal to pass otherwise.

So instead of working to finalize appropriations bills for this year—already more than 3 months in—or to invest in our Nation's critical infrastructure, or to truly bolster our Nation's cyber security, when we see countries such as Russia and other places attacking our cyber systems, or even to improve the Affordable Care Act so we can ensure that more people can receive affordable coverage, I am afraid the Republicans are recklessly rushing forward solely to fulfill an ill-considered campaign promise.

They are pushing American families over the cliff with the vague promise: Yeah, we will repeal it, but don't worry because eventually we will come up with a plan to replace it.

Jump first, plan later is anything but a responsible formula for someone's health, for sound decisions; and all the more so when the health insurance of tens of millions of Americans and American families all over the country—Republicans, Democrats, and Independents alike—is at stake.

The majority leader and others have said the repeal of the Affordable Care Act is only the first step. They say that a full repeal is necessary to pave the way for a replacement. They say: Let's leave ObamaCare in the past. Well, when you strip away the rhetoric and get rid of it, the only alternative they offer the American people is don't get sick—because if you get sick, you are in trouble.

The American people have a right to know what a vote to repeal the Affordable Care Act really means. A repeal of this law would not just take away the rights and care of millions of patients and their families; it would eliminate insurance coverage for millions more—especially the aging, the elderly, men and women with preexisting conditions, and the most vulnerable children.

A repeal of the Affordable Care Act would turn back the clock to a bad time in this country where once again women would have to pay more for health insurance than men, where insurance companies could rescind a health insurance policy simply because someone gets sick, and coverage could forever be denied to someone born with a disease or ailment, and that includes children. So you could buy a health insurance policy so you were covered in case you got sick, but the insurance companies could then say: Oh, you are sick. Sorry, no more insurance.

Now, in my State of Vermont, the Affordable Care Act has reduced the number of Vermonters without insurance by 53 percent. Tens of thousands have gained coverage under the expansion of Medicaid. And because the Affordable Care Act closed the prescription drug "donut hole," more than 10,000 Vermont seniors saved \$12 million in prescription drugs in 2015 alone. And this is just in the second smallest State in the Union. Can you imagine what it is like in larger States?

I have heard stories from many Vermonters about how vital this law is

to them and their families. I have heard from family doctors, like one in the southwest corner of our State in Bennington, who remembers when his patients couldn't afford treatment because of lifetime and annual limits on health care coverage, something that was very common. Or a woman from Westminster, VT, whose family hit hard times—she moved from job to job. She couldn't afford continuous health coverage until the Affordable Care Act offered her a quality plan she could keep. Now, we are talking about throwing her off.

Other young Vermonters are able to pursue careers in public service or the arts because they can stay on their parents' health insurance until age 26. Countless others have underscored that because of previous health issues, such as diabetes or cancer, health coverage would otherwise be unaffordable.

It would be a vicious cycle. They had a disease, but they couldn't afford to do anything about it, and they would go into greater debt. Now, even though they have a preexisting condition, they have guarantees and subsidies provided by the Affordable Care Act so they can have health coverage, instead of health coverage being unaffordable.

Opponents of the Affordable Care Act have gone to new lengths to repeat and prolong this political battle. And that is all this is. They have had 6 years to propose a better alternative. Instead, congressional Republicans and the President-elect have decided to put the cart before the horse. They want to dismantle our health care system, and they don't want to figure out how to fix it. They just want to figure out how to get rid of it. And, by the way, they say somebody is going to come up with a bright idea for something better.

The American people rightly expect us to work together and make progress on the many challenges that we face today. Instead, we are engaging in dangerous political gamesmanship that will not affect Members of the Congress, but the millions of families we represent throughout this country because they will not have health insurance, and their children will not have health insurance. Just think what this is eventually going to cost Americans—a lot more than we pay now.

I will not support a return to less protection, less coverage, less fairness, and higher costs because that is what a repeal means. The Affordable Care Act extended health insurance to millions of families, not only in Vermont, but across the country. Those who represent the American people in Congress should stand ready to get to work for their constituents. Not to make their constituents sick, but to give them a program that works.

I will not support an effort to reverse the many reforms and achievements we have made through the Affordable Care Act and instead cobble back together a broken system that for too long burdened most American households with health coverage uncertainty and crippling costs.

I am not going to go and tell Vermonters: Too bad that you have cancer. Tough. We just fixed it so you can't have insurance. Too bad that you have diabetes. We just fixed it so you can't get insurance. Too bad that your child was born with a physical defect. Too bad. We just fixed it so you can't get insurance. Or to the person who just lost a job who doesn't have insurance: Too bad that you are without health insurance. Better pray you don't get sick because, if you do, you will lose a lot more than your job.

No, I can't look Vermonters in the eye and say that is what I support.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. FLAKE. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. FISCHER). Without objection, it is so ordered.

#### WASTEFUL SPENDING

Mr. FLAKE. Madam President, I rise to speak on a subject that often goes overlooked in this body.

The subject of wasteful spending on parochial pet projects is often treated as a trivial matter—simply the cost of doing business around here. Imagine if every Member of Congress were as obsessed with searching for government waste as the players of the mobile game Pokemon Go are obsessed with finding the elusive Pokemon, as the chart shows here.

Just like the monsters in the popular game, government pork projects come in all shapes and sizes. They pop up just about everywhere. As individual expenses, these pet projects can seem rather harmless—cute, even. But taken together, their cost adds up to one very menacing boondoggle debt monster that continues to grow and threaten every taxpayer. In fact, within days, the U.S. national debt will top \$20 trillion.

As we debate the budget resolution, we need to get serious about controlling the debt like the true national security challenge it is. We start by eliminating unnecessary spending and catching government waste.

My friend and former colleague Senator Tom Coburn of Oklahoma created an annual report cataloging some of the most egregious ways Washington wastes our tax dollars. It is called the Wastebook. Today, I am releasing the latest installment, which profiles 50 new examples of questionable expenditures. This year's edition is entitled "Wastebook: PORKemon Go."

Like the Pokedex, which lists the various Pokemon for players to catch, Wastebook provides an index of questionable expenditures lurking throughout the Federal budget. These collectively cost taxpayers more than \$5 billion, but instead of Pikachu, we are looking out for PORKachu.



The top entry in this year's Wastebook is a spaceport—which is just a fancy word to say a rocket launch site—all the way over in Alaska. It has been derided as space pork, not because it is launching an elite unit of porcine astronauts into the big trough in the sky, it is because Congress used earmarks to force the Department of Defense to build the facility, over the objections of the military, as part of an illegal kickback scheme.

A midlevel DOD employee, who was sentenced to prison for masterminding the plot, eventually confessed that building the launch facility “doesn’t make sense.” He said the Pentagon “just paid for meaningless work.” Keep in mind, this was a contractor on that project. After sitting unused for several years, the Pentagon is now sinking another \$80 million into the spaceport. This is despite the fact that it is not even equipped with the type of missiles that DOD plans to launch for the site.

Another entry, the National Comedy Center in New York must be laughing all the way to the bank with \$1.7 million from the Economic Development Administration, or EDA. This will be spent to bring Lucille Ball back to the stage as a hologram. The three-dimensional illusion of Lucy is formed with light beams from a laser, which will replicate standup routines using existing audio recordings.

Holograms of other comedians who are no longer with us will also take the stage in the center’s comedy club. Other features will include a boot camp on how to deliver jokes—maybe I need that one—as well as a heckle booth, which we can do without. This is likely to once again make Washington the punch line of jokes, but it is no laughing matter for taxpayers.

Next up, the U.S. Department of Agriculture, USDA, has a program that allows taxpayer-funded farm loans to literally be paid back with peanuts. This program shelled out \$74 million in the past year. In typical Washington fashion, the government pays more for the peanuts than the market price, which has turned the program into a cash cow, or pig—however you want to view it—and the pile of surplus peanuts the government has amassed is so large that government can’t even give it away.

Here we have a farm program where we are giving loans to farmers to grow peanuts. If they check at the end of the year and the market price for peanuts isn’t very good, they can unload those peanuts on the government and keep the cost of the loan. Then, government has to store these peanuts, which we do in warehouses all over the country.

Based on USDA’s own numbers, the Congressional Research Service is warning that the storage costs alone could pile up to \$1 billion a year. That is not just peanuts; that is enough to make anyone salty about our debt and deficit.

Instead of filling potholes, \$35,000 from the Department of Transpor-

tation literally went to pot. The money was paid for a giant glow-in-the-dark doobie displayed in Denver that was intended to remind motorists who smoke marijuana not to drive while they are stoned; \$35,000 for a big poster or banner on a building of a giant joint.

Even the Nation’s most prestigious science agencies are spending taxpayer funds investigating subjects that most of us would consider obvious or rather offbeat. Studies on the habits of college students funded with \$5 million of NIH grants counted more than 500 different drinking games that are popular on college campuses.

According to researchers, “All of these games have the same goal—causing participants to become intoxicated.” I think that is rather obvious. They observed that fraternity brothers drink, smoke, and generally party more than other students, and they also sleep in later. This led the researchers to speculate that “one explanation for this finding is that Greek students recognize their sleep needs.” A more likely reason is that they are sleeping off their partying lifestyle, but you are paying for it.

NIH is also drilling down to determine why some people are afraid of the dentist as part of another \$3.5 million research project. The researchers found that—surprise here—“fear of pain has been shown to be a critical component.”

The monkey business doesn’t end there. NIH spent nearly \$1 million to study the evolution of monkey drool and another \$230,000 to determine if the color red makes female monkeys feel more romantic. In case you are wondering, it does.

As part of an effort supported by both the National Science Foundation and DOD to teach computers how to understand computer behavior, the machines were programmed to watch television shows. After viewing over 600 hours of “Desperate Housewives,” “The Office,” and other shows, the computers were still unable to predict how humans would behave in most situations. Anybody who has watched those shows realizes that is rather obvious.

A \$1 million NASA project is preparing the world’s religions for the possible discovery of extraterrestrial life forms—\$1 million to prepare the world’s religions for the possible discovery of extraterrestrial life forms. Do we need to spend that, really?

A major sticking point for the participants was defining what life is: “Much of the discussion centered on the question, ‘What is life?’ It turns out that life is notoriously difficult to define,” they concluded.

The fishiest study of all tested how long a fish can run on a treadmill. This was part of a study paid for by a \$565,000 grant from the National Science Foundation. Everyone remembers the infamous shrimp on a treadmill funded by NSF. It turns out that last year’s competitor had a leg, or several, up on the competition. With five

pairs of walking legs and five pairs of swimming legs, the shrimp could run for hours. The latest NSF-funded treadmill study participant was literally a fish out of water. The experiment forced mudskippers to “run” for as long as 15 minutes at a time on a treadmill. These fish possess the unique ability to survive out of water for extended periods of time, using their fins like legs, although they didn’t appear to enjoy running on the treadmill, as you can imagine.

Certainly, we have bigger fish to fry with our Federal research dollars and, I might add, better puns to find as well. I could go on and on with examples of completely unnecessary spending identified by this year’s Wastebook. There is waste in every department, every agency. All you have to do is look. Ferreting out every bit of wasteful spending, no matter how small, is the only way to reduce our debt and to rein in the cost of our Federal Government. It can be a daunting task because, much like Pokemon, these programs are good at hiding. Our mission is simple: You have to catch them all.

Madam President, I yield back.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Madam President, I rise this afternoon to supplement some remarks I made on the floor last evening about the Affordable Care Act. Last night, I talked about my own experience as a young staff member in the U.S. Senate 43 years ago when, because I had an insurance policy provided by my employer—that policy had preventive care as part of the policy, just as Affordable Care Act policies do today—I had a routine physical checkup. It was the first I had in a number of years, which caught malignant melanoma, a particularly virulent form of cancer. Because it was caught early and because I was treated, here I am today.

As I mentioned last night, it has always haunted me that someone who didn’t have insurance, a young man or a young woman somewhere in the country who was in exactly my situation, because they didn’t have insurance, they didn’t have preventive care, didn’t get the checkup, the disease wasn’t caught, and they are gone.

I find it very hard to justify that, to understand that. It doesn’t seem fair. It doesn’t seem ethical. It doesn’t seem moral. Today I wanted to also bring to the attention of the Senate some stories from today about the effect of the Affordable Care Act in Maine, where we have over 80,000 people enrolled, many of whom had never been able to have insurance before.

A young woman, Whitney, who graduated from college in 2013, said:

I graduated . . . with a degree in wildlife ecology, [but it was very difficult to find a job.]

Thanks to the ACA, I was able to stay on my family health insurance plan through this period of unemployment. I did finally get employed in my field, but permanent, year-round jobs with benefits are the equivalent of winning the lottery.

Many young people are in that situation. It even has a name. It is called the gig economy, people who work gigs, who work short periods of time, several months here, several months there, but there are no benefits attached to those jobs. She said:

Many of us work seasonal jobs, building trails on the Appalachian Trail, rescuing lost hikers, managing volunteers, and running programs for veterans to reconnect with Maine's woods. We do good work in this state. Before the ACA we worked dangerous outdoor jobs that only provided minimum worker's comp. . . . But with the ACA and the tax credit, I could afford a silver plan, I could get dental for my teeth, could go to the doctor again, get flu shots and get my joints looked at.

It is important to realize that without the ACA, this young woman would have literally no options. A health savings account is unrealistic for somebody who is making \$15,000 to \$20,000 a year. Buying insurance across State lines isn't going to help this young woman.

She said getting the ACA coverage "was life changing. I know it is not perfect but I am terrified of going back to [where we were] before, where health and financial ruin was one wrong step away."

Another letter from an older adult:

My wife is sixty-three years old she is no longer able to work full time. She has had major back surgery and has arthritis in her neck. Because of these health issues she had to reduce her work hours.

Here is the catch-22. She had to reduce her work hours. Therefore, her employer dropped her from her health care coverage.

We were fortunate [enough] to obtain coverage for her through the Affordable Care Act. It is expensive and is not the best coverage—

Nobody in this body says it is best possible result and that the law is perfect. We all agree it needs to be repaired and fixed and modified. The writer goes on to say—

but it is good enough for us to know that a major health issue will not bankrupt us.

We are appealing to you as our representative to insure that a reasonable replacement will be put in place when the Affordable Care Act is ended. Better yet, improve it, don't destroy it.

I couldn't have said it better myself. Donald, in his letter to me, says: "Better yet, improve it, don't destroy it." That is what we ought to be talking about.

This letter is from a fellow named Ryan in North Central Maine. He also makes an important point about the Affordable Care Act. The term that I refer to is "job lock." There are hundreds of thousands, if not millions, of people in this country who are locked into the jobs they have that they don't really like, that isn't giving them the satisfaction they want because they can't afford to leave their health care.

One of the hidden benefits of the Affordable Care Act is it has allowed those people to follow their dreams, to start a business and not have to worry

about having health insurance. This is an entrepreneur in Maine, a small business person. He said:

Affordable healthcare is a major roadblock to those calculating whether they can take the leap to become self-employed. As we prepare for next year's ice cream season, I am about to leave my benefit-providing job in order to commit to making the volume of ice cream we need. This is a scary and questionable decision given our financial situation and the fact that we are raising our two small children of four and seven years old. The first comment I hear from everyone who finds out I am leaving my job is, "Are you sure? What are you going to do about health insurance?"

The answer is, the Affordable Care Act. It enables this young man, this gentleman, to follow his dream, to start his business, to commit to his business, and this is good for the country. This is a hidden benefit that is rarely discussed about the Affordable Care Act to allow people to give vent to their dreams and their innovation and their contribution to the economy.

Here is how he ends his letter. He says:

Please don't let me down. Please don't let my family down. Please don't let down the millions of families who really are on the bottom of this country and are the very ones that all of you from every party claim to support. I don't care about the details of how it gets done, whether the ACA is thrown out, or just revised, or what compromises have to be made by either party, but please make sure there is a health care option available and that it is at an affordable price for those of us with the guts to take a stab at our own small business. The key is "Affordable Care." It matters.

As in my own case, health insurance also saves lives. There was a study done by the Journal of Public Health in 2009, which basically concluded that for every million people without health insurance, there are a thousand premature deaths. It is pretty easy math. Before the Affordable Care Act, we had 45 million people without health insurance in this country. The calculation in this extensive study was that 46,000 deaths were attributable to not having health insurance. I am living proof of that. If I hadn't had health insurance, I would be gone. With the disease that I had, either you catch it in time or you are a goner. That is why I am so passionate about this.

We would not let people die in our front yards. If we saw somebody who was in danger of losing their life, we wouldn't stand by. Nobody in this body would stand by and say: Sorry, we can't help you. But not providing health insurance to people is a death sentence to 10, 20, 30, 40,000 people.

The Affordable Care Act is now covering something like 25 million people. That is 25,000 lives saved. If we take it away, it will be 25,000 lives lost.

Here's the letter:

I am a Maine woman in my late 30s, who works 2 part-time jobs and also run my own business.

Because we were on [ACA] health insurance that had an affordable deductible, after not feeling well for a while, my husband went to a doctor and had a CT scan of his

lungs. . . . It turned out he had a very rare form of an illness, even though he was only 38 at the time. Had we not had this insurance and such an affordable premium and deductible, he would never have gotten that CT scan done. This insurance saved his life and covered every expense we've had over the last 2 years with multiple stays at MidCoast Hospital and Maine Med, 2 surgeries, pick-lines, medications, therapies, the list goes on. There is no cure for what he has but he's doing better now, thanks to the ACA.

Another person from Maine:

My sisters and I watched my mom die. We were physically in the room when it happened. We cried for probably half an hour straight.

Before the Affordable Care Act, most of her illnesses were considered pre-existing conditions. She survived cancer three times . . . but had to pay exorbitant monthly premiums just to have to pay most of her treatment out of pocket.

He said:

I don't care about the ACA because of some theory or ideology. I watched my mom die, sooner than she needed to, because she couldn't afford to get preventative care early enough. I watched my mom die because market solutions refused to solve her problems. An open insurance market actively refused to compete to cover my mom. The insurance market before the ACA is one of a number of factors that led to my mom's death.

This is a real, physical, immediate memory for me whenever someone talks about healthcare, and it always comes to mind when people talk about it in vague terms and market forces. I am crying even as I write this, and it has been years.

He writes to me:

I am begging you, as a son who watched his mom who was younger than you—

Than me—

die in a hospital because she couldn't afford the care she needed, please protect the Affordable Care Act. Protect it as a legislator, protect it by recognizing how appointments you choose to confirm or deny will affect my family's ability to stay healthy and alive. Through grants and research, you've worked to improve access to health care. Please, protect the ACA.

Another one—one more. This is a letter I received just back in the fall, a little before Christmas:

I have an incurable, generally non-lethal form of bone cancer and have been under treatment for over 12 years. The multiple surgeries [and costs] . . . I cannot afford to pay for ongoing treatment without insurance. I am very pleased the current ACA does not allow for "preexisting disqualification" and I would hate to see that removed. Having this condition is naturally stressful, debilitating and undesired. I do not want or need the added stress of having to worry about the details of coverage.

Additionally I have two boys, aged 23 and 26, both of whom have benefited from remaining on our family insurance policy. That is a great policy and my boys are healthier as a result.

Finally, access to quality health care is and must be a right as it benefits both the individual and society. Health is key to happiness and success and happy successful people pay taxes, support the government, [and] give back to the community.

I understand the debate that surrounded this. I understand the emotion. I understand the pressure that people feel in order to maintain a campaign promise or to meet promises



made over the last several years. But we are not talking about maybe what will happen; we are talking about real cases, real people. I am talking about real people in Maine, in small towns and cities. I am talking about rural hospitals that are on the verge of being rendered financially incapacitated because if this law is repealed, it will take away a significant part of their support. I am talking about seniors having to pay more for drugs. But mostly, I am talking about people's lives.

These cases are people who can give specific examples. There are thousands, tens of thousands, and millions that we can't articulate—people who are saved who don't even know it because they went in to get that checkup, who are saved the stress of wondering how they are going to pay for some kind of treatment.

As a parent, I remember having to stress about whether to take my child to a doctor because I didn't know whether I could afford to pay that bill. Yet we all know that is the proper course. We shouldn't have to make those kinds of choices. We have a vehicle, imperfect as it is. Imperfect as it is, we have a vehicle for providing that care.

Let's slow down. Let's take a breath and say: OK. We talked about repeal, but it isn't really practical. We can't harm that many people. Let's talk about what we are going to replace it with. The idea that we are going to repeal it today and replace it 3 years from now is just cruel. That is what I am hearing from people: Don't put us through that. People who finally got insurance after preexisting conditions, who have insurance and have a condition now—they depend upon that insurance. Let's not make them go through that pressure, the financial anxiety added to the health anxiety. We have an opportunity to rise above politics. This really shouldn't be political or a policy or something that divides us.

There is nobody in this body who wants to see people suffer, who wants to unnecessarily put people through the pressure of both health problems and financial problems. We ought to be able to find a solution. Every other industrialized country in the world has found a solution. It is not like this is some impenetrable box.

I realize that part of the solution has to involve controlling costs and facing the fact that we pay twice as much for health care per capita as anyone else in the world. That is an issue the Affordable Care Act does not sufficiently address, in my view, and we have to talk about that.

In the meantime, let us remember those people who are counting on us for their very lives. That is a commitment I believe we can respect and should meet.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, we are engaged in the first step to debate what is important to virtually every American. What we want to do is to find good ways to reform and replace ObamaCare and then repeal the provisions of it that have damaged so many Americans.

Before we start talking about a big subject, sometimes it helps to ask the question: Exactly what are we talking about? So, very quickly, where do Americans get our health care insurance? It might be interesting to note that 91 percent of us have some sort of health insurance—290 million. We get it from four places, basically. One is Medicare—18 percent of us with insurance. This is not a bill to change Medicare. That is a discussion for another day. So we are talking about these three areas.

One is employers, on the job. Sixty-one percent of us with insurance get it on the job—178 million people.

Medicaid, managed by States, paid for by the Federal and State governments—22 percent of covered Americans there get their insurance through Medicaid.

Then there is the individual market, people who buy it on their own. That includes the exchanges we hear so much about. Here is where all the news is; here is where the turmoil is. That is just 6 percent of everyone who is insured, although that is 18 million Americans. This is information from the U.S. Census.

Who is not insured? That is interesting too. According to the Kaiser Family Foundation, there are 27 million people who aren't insured, but 17 million of those are eligible for some help to get insurance and just haven't taken it. Of the 11 million who are not eligible for any help, nearly half of them—5 million—are illegally here. Of the rest, some make too much money to be eligible for assistance, and some dropped through the Medicaid coverage gap. So it is fair to say that 91 percent of us are insured one way or the other. Then, of the 27 million—the 9 percent who are not insured—17 million of those are eligible for some sort of assistance.

How should we approach this? Following the Presidential election, President-Elect Donald Trump said on "60 Minutes" that replacement and repeal of ObamaCare would be done "simultaneously." To me, that means at the same time.

Just today, Speaker of the House PAUL RYAN said that repeal and replacement of ObamaCare would be done concurrently. To me, simultaneously and concurrently mean ObamaCare should finally be repealed only when there are concrete practical reforms in place—that give Americans access to truly affordable health care. Let me say that again: ObamaCare should be repealed, finally, only when there are concrete, practical reforms in place that give Americans access to truly affordable health care.

The American people deserve health care reform that is done in the right way for the right reasons and in the right amount of time. It is not about developing a quick fix. It is about working toward a long-term recovery that works for everyone.

Here is one way to think about what simultaneously or concurrently might mean. I would ask you to think about ObamaCare as if it were a local bridge in, say, South Dakota that is collapsing—because that is just what is happening with ObamaCare. According to the Tennessee Insurance Commission, the ObamaCare insurance market in our State is "very near collapse." Across the country, premiums and copays are up. Employers have cut jobs to afford ObamaCare costs. Medicaid mandates are consuming State budgets. In one-third of America's counties, citizens with Federal subsidies have only a single choice of a company to buy insurance from on an ObamaCare exchange. Without quick action this year, next year, these Americans may have zero choices. Their subsidies may be worth about as much as a bus ticket in a town where no buses run.

If your local bridge in South Dakota or Wyoming or Tennessee were very near collapse, what would you do? I think the first thing you do is to send in a rescue crew to repair it temporarily so no one else is hurt. Then you start building a better bridge—or more accurately, many bridges—as States develop their own plans for providing truly affordable health care to replace the old bridge.

Finally, when the new bridges are finished, you close the old bridge. That is how we propose to proceed: to rescue those trapped in a failing system that is ObamaCare, to replace that system with a functional market or markets, and then repeal ObamaCare for good.

First, we will offer a rescue plan so that the 11 million Americans who buy insurance now on the exchanges can continue to do so while we build a better set of concrete, practical alternatives.

Second, we will build the better systems. Note that I say systems, not one system. If anyone is expecting Senator MCCONNELL to roll a wheelbarrow onto the Senate floor with a great big comprehensive Republican health care plan, they are going to be waiting a long time because we don't believe in that. We don't want to replace a failed ObamaCare Federal system with another failed Federal system.

We want to create many systems across this country, step-by-step, to give Americans more choices of insurance that cost less. We will do this by moving more health care decisions out of Washington and into the hands of State and patients and by reducing harmful taxes. We will do it carefully, step-by-step, so that it is effective.

Finally, we will repeal what remains of the law that did all of this damage and created all of this risk. That is what we will do.

Here is what we will not do. This is not a bill for Medicare reform. That will be handled separately.

Second, you won't be disqualified from getting insurance if you have a preexisting health condition. If you are under the age of 26, you will still be able to be covered under your parents' plan.

That is what, in my opinion, we mean by repeal and replace "simultaneously," as the President-elect said, or "concurrently," as Speaker RYAN said.

Here are three steps we will take beginning immediately. No. 1 is the rescue plan. Six percent of Americans with insurance buy their insurance in this individual market, about two-thirds of those on the ObamaCare exchanges. This is where today's turmoil is. This is where the copays are up, the premiums are up, where insurance companies are pulling out of the markets.

While we build replacements, we want the 11 million Americans who now buy insurance on the exchanges to be able to continue to buy private insurance. This will require Congress and the President to take action before March 1, which is when the insurance companies begin to decide whether they will offer insurance in these markets during 2018.

In general, the goal is to get as close as possible to allowing any State-approved plan to count as health insurance under ObamaCare rules while we are transitioning to new systems. Among the actions that will help are to allow individuals to use their ObamaCare subsidies to purchase State-approved insurance outside the ObamaCare exchanges; to adjust ObamaCare's special enrollment periods; to approve the temporary continuation of cost-sharing subsidies for deductibles and copays; to allow States more flexibility to determine so-called essential health benefits, age rating rules, and small group restrictions; to expand health savings accounts; eventually, to provide tax credits to help lower-income Americans buy insurance; and to repeal the individual mandate when new insurance market rules are in place.

When the new administration rewrites the guidance on ObamaCare section 1332 State innovation waivers to allow for more State flexibility, States will have the authority to further innovate to build more modern health systems.

Now, second is employer insurance. Remember, that is where 61 percent of us get our insurance—on the job. We will repair the damage ObamaCare has done so that employers can offer employees more personalized patient-centered care. We will do that by repealing ObamaCare's employer mandate penalty. We will allow States to determine the so-called essential health benefits and thereby lower costs for small businesses. We will repeal ObamaCare's restrictions on grandfathered health

plans, on wellness benefits, on small group plans, and provide more flexibility for small businesses so they can work together to buy insurance—a proposal for which the Senator from Wyoming has championed for years.

This will mean more State authority, more choices, and lower costs for the 178 million Americans who obtain insurance on the job.

Third is Medicaid. Twenty-two percent of all insured Americans are covered by Medicaid. We will give States more flexibility to offer those 62 million citizens more options by making Federal Medicaid waivers more flexible.

So in summary, we will first send in a rescue crew to repair temporarily a collapsing health care market so no one else is hurt. Second, step-by-step, we will build better systems—that give Americans access to truly affordable health care. We will do this by moving health care decisions out of Washington, DC, and back to States and patients.

Finally, when our reforms become concrete practical alternatives, we will repeal the remaining parts of ObamaCare in order to repair the damage it has caused Americans. This is what I believe we mean when we say ObamaCare should be repealed and replaced simultaneously and concurrently.

I yield the floor.

The PRESIDING OFFICER (Mr. ROUNDS). The Senator from Wyoming.

Mr. ENZI. Mr. President, I want to thank the Senator from Tennessee, Mr. ALEXANDER, who is also the chairman of the Health Committee—that is, the Health, Education, Labor, and Pensions Committee—for the succinct speech that he gave. I will be encouraging everybody on both sides of the aisle to read that speech. I know that many were not here to listen. But it is a fault that we have in this Chamber. We often speak to an empty Chamber.

But it is all recorded thanks to the people who do that for a job. You placed that so well that there should not be much doubt about what we are going to try to do. You heard it from the chairman of the Health Committee. He is the one that will be in charge of the health aspects of this.

The Finance Committee is a part of the bill too. But they are in charge of the monetary part of this. But without the health care part, that does not work. I love the way you expressed that in the way of taking care of a collapsed bridge, because I think people across America do realize that the bridge on health care has collapsed and they want to know what we are going to do about it.

You stated that very well. That should relax a lot of people. It probably won't because of the process that we are in, but I certainly hope that it does. So I thank you for your words and your effort and know that it is in good hands as we lead it through this process.

All that this resolution we are doing right now does is set it up so that this can be done. This really does not change any health care at this point. It sets it up so that we can do reconciliation, so that we can repeal what we can, so we can replace what we can, and then we can set up that system of bridges that will get us to the point where all Americans who want insurance can have insurance, but more importantly, so that all Americans can get the health care they need and deserve.

I thank the Senator for his comments.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I thank the distinguished chairman of the Budget Committee, who has spent a great deal of time on this. I like the way he put that because I think what we want to assure people of—at least, I think that is what almost all of us feel—is that this is step 1. It involves reforms, replacing, and repealing—as the President-elect has said, "simultaneously," and as the Speaker has said, "concurrently." It involves not just one big system replaced by another big system. In our view, the one big system needs to be replaced step-by-step by many different systems as we move more decisions to the States.

For example, on employer insurance, or people who get their insurance on the job, we know right now steps that we can take to repeal ObamaCare, which damaged the employer system and which increased costs for employers. I remember sitting around with a group of restaurant company chief executive officers 6 years ago when ObamaCare passed. They pointed out that they were going have to hire fewer people to afford the cost of ObamaCare.

We don't want that to happen. We would like for them to be able to hire more people and to offer more people insurance. How would we do that? Well, if we repeal the Washington rules in an orderly way and transfer back to the States responsibility for regulating most insurance, the insurance commissioners have told us they believe they can do that very well—do it one way in South Dakota, another way in Tennessee, another way in Wyoming, and fit the needs of that community, reduce costs, increase choices, and have truly affordable health care.

So we can repeal those provisions that interfere with employer insurance and make sure that that repeal does not go into effect until South Dakota, Wyoming, Tennessee, and other parts of the market have in place concrete practical alternatives so they go together. But we have to get started. This is step 1.

Now, we can do the same with Medicaid. We have a former Governor of South Dakota in the Chair. Governors spend most of their time trying to figure out how to afford Medicaid. They almost feel that, if Washington would just allow the States to have more

flexibility in terms of how the available money is spent, we could cover more people better, offer more options.

Well, we can do that. But we are not going to do that tomorrow. We will have to sit down with the Governors and say: How do you suggest we do this? Then, as we do that, we can repeal the extensive Federal regulation that creates a jungle of redtape for Medicaid. But it only would take effect as the States tell us that there are concrete practical alternatives in effect. So this is the step-by-step way to go about making those kind of changes.

Finally, as the Senator said, we have to have a rescue team here. I mean, the ObamaCare market is in turmoil. It is only 6 percent of all of those who have insurance, but that is millions of people. If we don't act before March 1 to make sure insurance companies are selling into those markets, we will have many millions of people who will not be able to buy insurance. This will be, as I said, like having a bus ticket in a hometown with no buses running.

So that is really one of the first things we have to do—get that rescue team going. I like the analogy of the collapsing bridge. ObamaCare is collapsing in Tennessee, and I would say it is around the country, if you have one-third of the counties where you can only choose insurance from one company.

So, if a bridge is collapsing, you send in a crew to deal with that emergency so no one else is hurt. Then you start building these new bridges. After a while, in a prudent way, as you build each of those systems, as States build their systems, then you close that old broken-down bridge that was damaging so many people.

So that is an orderly way to go about things. I hope that, over time, we will have bipartisan support for these. We need a consensus. We don't, in the end, want to have just a partisan bill. But we have been acting like the Hatfields and McCoys in West Virginia for 6 years, arguing with each other about ObamaCare—Republicans and Democrats.

So it may take a little while to get there. But we can start, and we are starting under the leadership of Senator ENZI. Then, we will move concurrently and simultaneously to reform, replace, and repeal ObamaCare so that Americans have access to truly affordable insurance. By the time we get to that, I am hopeful that we will begin to have a consensus within this body that involves Democrats and Republicans both.

Mr. ENZI. Mr. President, I only need to add one footnote to that fantastic summary; that is, that the Senator from Tennessee is the chairman of the Health, Education, Labor, and Pensions Committee. For years we heard about the difficulties with No Child Left Behind. There were a lot of efforts to build a different bridge, and they never got completed within the timeframe that was necessary, even though

both sides recognized there was a problem.

The Senator from Tennessee undertook that, got bipartisan solutions on it, and put forward a bill that did kind of what we are talking about with ObamaCare. It sent it back to the States. It got rid of the national school boards, and that passed, I think, with 88 votes in the Senate. That is very bipartisan. That is the kind of an effort he puts forth. You can tell from the comments he has made about what we need to do that he has that well in mind, and I am certain some from the other side will join us to make sure we can get that done as well.

I thank the Senator, and I yield the floor.

I suggest the absence of a quorum, and I ask unanimous consent that the time be equally divided.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. PETERS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. PETERS. Mr. President, today I rise to express my strong opposition to partisan attempts to engage in a fast-track process to take health insurance away from hundreds of thousands of individuals in my State and millions across our country. In Michigan alone, 887,000 people are in jeopardy of losing their health coverage if Republicans have their way and repeal the Affordable Care Act without a replacement. Important protections for people with preexisting conditions will disappear. Not only will they lose them but so will their spouses and children.

We will be repealing reforms that have benefitted seniors and saved more than 5 million beneficiaries an average of over \$1,000 in drug costs in 2015. Repealing the Affordable Care Act will significantly increase drug costs for those seniors and threaten long-term solvency for Medicare. Republicans are rushing a process that increases Medicare costs for seniors and weakens the program for future generations. Our Nation's seniors have worked hard their entire lives, and they deserve our best efforts to ensure they can depend on Medicare to help them enjoy a dignified and secure retirement.

Over 1 million seniors are enrolled in Medicare in Michigan, and they deserve a health care program that will cover the costs of prescription drugs and other health care services they need. Since 1965, Medicare has done a tremendous job of giving seniors the care they need, and we should be working to strengthen this successful program, not putting it at risk.

Let's be clear. Reforms in the ACA extend the solvency of Medicare by over a decade. Let me say that again. It extends the solvency of Medicare for over a decade.

Given these challenges, we have to ask: Why are we rushing to dismantle these reforms?

We are rushing a process that will ultimately hurt the Medicare Program, our Nation's seniors, and so many others.

Many of my colleagues on the other side of the aisle suggest that we can simply keep or quickly reinstate the popular parts of this law, such as preventing discrimination based on preexisting conditions, allowing children to stay on their parents' coverage until they are 26, and helping seniors afford their prescriptions. I would pose this simple question to any of my colleagues advocating for repeal: What comes next? Show us your plan. Just show us your plan.

Former Governor Cuomo of New York famously said: "You can campaign in poetry, but govern in prose." We are now facing a majority that campaigned on a bumper sticker and is trying to govern with an IOU. Enacting a repeal of the ACA that takes effect at some undetermined point in the future will create chaos in our insurance markets. Health care reform is not a stand-alone program that can be removed overnight without creating widespread ramifications for our economy.

Yesterday, I attended the North American International Auto Show in Detroit. As a Michigander, I am always thinking about cars. Let me suggest an analogy. Many Republicans in Congress talk about the ACA like it is some sort of after-market addition on a car—a flashy rear spoiler, perhaps, or new rims that can just be unbolted and removed. Well, the ACA is actually like the antilock brakes that keep a driver from getting into an accident in the first place and the airbags that deploy to protect everyone inside when the worst happens.

I agree that our health care system needs a tuneup, but we cannot start ripping out safety features without a plan to help keep us safe on the road. We need to fix the Affordable Care Act. We need to do more for small business owners who want to do right by their employees and provide them with quality, affordable health care coverage.

I have offered and supported several proposals to fix the Affordable Care Act, including measures to help our Nation's small businesses. I am ready to work with my colleagues across the aisle to improve this law. However, repealing the ACA without showing the American people their plan for replacement is quite simply irresponsible.

I understand Americans want to see positive changes to the Affordable Care Act, and I agree with them. We should be working together to enact bipartisan improvements through regular order, not fast-tracking repeal. The fact is that most Americans do not want to have this law repealed entirely. In the New York Times, a woman named Patricia Meadows from Macomb County, MI, who voted for President-Elect Trump, stated that she

hoped that President-Elect Trump would not repeal the Affordable Care Act. Ms. Meadows revealed that, because of the Affordable Care Act, her daughter was able to obtain insurance coverage for just \$50 a month.

Another constituent from my State, Ben Irwin, revealed to CNN that the Affordable Care Act allowed him to take his dream job at a small firm that didn't provide health insurance. Because of the ACA, Ben was able to get private insurance at an affordable cost. Without the ACA, he would have been forced to work at a larger company just to have access to affordable health care.

Ben's story is not unique. I heard from countless entrepreneurs that the Affordable Care Act ended job lock and has enabled them to start their own businesses and pursue careers and dreams they otherwise would not be able to pursue.

I heard from a constituent in Saline, MI, who contacted my office to say that the ACA provided her with the coverage she needed to fight her son's aggressive cancer. This same woman later discovered during her first appointment, after gaining her own ACA coverage, that she, too, had cancer. The ACA gave her and her son the coverage they needed to fight their cancer without fear of being kicked off of their insurance plan.

I have also heard from a father in Traverse City, MI. He contacted my office to say that the expanded health coverage under the ACA literally saved his son's life. Before the ACA, his son only had access to emergency room care. His father often wondered: Why is it that I had to wait until my son tried to kill himself before I could get help? Now, due to the ACA, this father and his son have the health coverage they need to appropriately treat his son's mental illness.

These stories are just a fraction of the thousands upon thousands of stories my staff and I have heard about how the ACA has positively impacted people's lives.

I am asking my colleagues to just take a moment and think about the individuals they will be hurting. We are talking about mothers and fathers, children, seniors, and even our Nation's veterans.

As a former lieutenant commander in the U.S. Navy Reserve, I understand the tremendous sacrifice our men and women in uniform undertake to defend our freedom. I believe we have a duty to honor their service to the best of our ability, both during and after service.

Since the passage of the Affordable Care Act, hundreds of thousands of uninsured veterans have gained insurance coverage. Between 2013 and 2015, when key provisions of the Affordable Care Act were implemented, such as the Medicaid expansion and the private exchange, the number of uninsured veterans decreased by 42 percent. Uninsured rates for spouses of veterans and their dependents have decreased as

well. These veterans represent a small fraction of the individuals this fast-track process will hurt.

I have proposed an amendment that will simply require Republicans to show us their plan for providing these veterans the health care benefits they deserve before they vote to repeal the ACA and take it away. Every American deserves to know what will happen to their health benefits before Republicans vote to take them away. Please, just show us your plan.

But our Nation's veterans, who have risked their lives and health to keep us safe, should have the right of knowing how Republicans will ensure that veterans who gained health care coverage following enactment of the ACA do not lose their coverage.

The damage of repealing the ACA stretches beyond affected individuals and families. It will disrupt hospitals and businesses and create tremendous economic uncertainty.

Hospitals in my State, especially rural facilities, are absolutely terrified about what the ACA repeal means for them and their ability to stay open and to serve patients in their community. Executives from two hospitals in the rural Upper Peninsula of Michigan have told my office about how coverage expansions under ACA have allowed many critical access hospitals in Michigan's rural communities to afford their operations for the first time ever. If the ACA is repealed, they tell me that these critical access hospitals will be forced to close—forcing residents in rural communities to drive over 2 hours to seek hospital care.

A recent report by the Urban Institute predicts that if the ACA is repealed without replacement, uncompensated care costs sought from hospitals and doctors will reach \$1.7 trillion over the next 10 years. This will bankrupt many of our Nation's hospitals, killing jobs, and severely limiting access for their patients. We can and must do better.

We owe the American people a better health care system and not a bigger deficit. Unfortunately, that is exactly what we are going to be getting under repeal. This budget resolution before us would increase annual deficits by upwards of \$1 trillion. It will add more than \$9 trillion to the Federal debt over 10 years, leaving our entire economy on shaky ground, while ripping health care from millions of Americans.

In their rush to repeal the ACA and fulfill years of campaign promises, I am concerned my colleagues on the other side of the aisle have not fully considered the far-reaching ramifications their actions might have. They have refused to slow this process down and fully think through the actions they are about to take.

A University of Michigan study published in the New England Journal of Medicine just last week found that Medicaid expansion in my State alone generates at least 30,000 jobs every

year. In addition, a recent study by the nonpartisan and independent Commonwealth Fund found that the ACA repeal could lead to significant economic disruption and substantial job losses in every State, including over 100,000 private sector jobs in Michigan and 2.6 million jobs around our Nation.

By any and all means, the level of uncertainty repealing the ACA will create is bad business practice, and I assure my colleagues that it is very bad for business. We owe it to our constituents to do our homework, to govern with facts, and to be informed.

Republicans have refused to listen to health care experts who tell them that enacting a repeal of the ACA will cause insurance premiums to skyrocket. Republicans have refused to listen to economists when they tell them this will spike our national debt and lead to substantial job losses. Republicans have refused to listen when the nonpartisan Congressional Budget Office has told them that repealing the Affordable Care Act will cause millions of Americans to lose their health coverage. And Republicans have refused to listen when actuaries state that the ACA repeal will weaken Medicare and increase drug costs for seniors.

Republicans have refused to listen when Democrats have simply asked them to slow down, come to the table, and work in a bipartisan way to find solutions to make the health care system work even better. Instead, Republicans have opted to move full steam ahead with this process that will certainly make America sick again.

Why move forward with this fast-track process to repeal the Affordable Care Act? Why repeal all of the great things that Americans appreciate about the Affordable Care Act instead of just making it better?

Republicans are trying to take us backwards. They are moving ahead with a dangerous process that will hurt working-class Americans, hurt seniors, and hurt our Nation's most vulnerable, while providing a huge payout for wealthy Americans and special interests.

Republicans are voting to give billions in tax breaks to corporations and the wealthy and raising taxes on the rest of us.

The nonpartisan Tax Policy Center estimates that the top 1 percent of earners would get an average tax cut of about \$33,000 and individuals in the top one-tenth of 1 percent would get an average tax cut of about \$197,000. If you are not in this group of American earners, then tough luck. This legislation will not help you.

We need to get serious, put politics aside, and do what is best for the American people. This fast track repeal of the Affordable Care Act is not the answer.

I stand ready and willing to work with my colleagues on both sides of the aisle to make our Nation's health care system better. We cannot simply repeal this law and leave the American people with another empty IOU.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. RUBIO). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. ENZI. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### MORNING BUSINESS

Mr. ENZI. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### BEARS EARS NATIONAL MONUMENT

Mr. DURBIN. Mr. President, on December 28, 2016, President Obama designated the Bears Ears National Monument in Southern Utah, and I wish to commend him on protecting these important lands. This designation is an important step forward in the conservation of some of southern Utah's important national treasures.

The 1.35-million acre monument, which spans from forested mesas to redrock canyons and plateaus, will protect the region's abundant cultural resources, including well-preserved cliff dwellings, rock and art panels, artifacts, and Native American burials.

The Bears Ears National Monument, which derives its name from twin buttes that lie at the heart of the majestic Cedar Mesa, was requested by a coalition of five Native American tribes that united to protect a landscape revered in their shared histories and cultures. The Hopi Tribe, the Navajo Nation, the Ute Mountain Ute Tribe, the Pueblo of Zuni, and the Ute Indian Tribe have all passed through the area at some time, leaving behind scores of fragile dwellings, pottery, petroglyphs, and pictographs. The Bears Ears region is a living natural and cultural landscape, where the people of these tribes still use the lands to collect herbs and medicines and pass their stories to the next generation.

I have fought to protect this area's resources through the America's Red Rock Wilderness Act, a bill I have introduced every Congress since 1997. My bill would safeguard 9.2 million acres of wilderness in Utah—some of the last great wild places in the lower 48 States.

Historically, national monuments have been the first step in protecting some of our most beloved public lands—the Grand Canyon, the Grand Tetons, and indeed, four of Utah's five national parks. Not only do these monuments help preserve precious habitat, landscapes, and history, they create jobs and invigorate nearby communities.

President Obama's decision to protect the Bears Ears came after significant public input in Utah, with the administration holding multiple listening sessions. Those sessions made clear that even diverse stakeholders agreed the Bears Ears is special and needs to be protected. It is the right decision for the present, and it is the right decision for the future.

Republican President Theodore Roosevelt signed the Antiquities Act into law in 1906, and a review of its history and its controversy showed that, time and again, the temporary anger over designated lands was overshadowed by the long-term benefits to our Nation. Teddy Roosevelt said it best, "Of all the questions which can come before this nation, short of the actual preservation of its existence in a great war, there is none which compares in importance with the great central task of leaving this land even a better land for our descendants than it is for us."

I urge my colleagues to join me in celebrating the Bears Ears National Monument and defending it and the Antiquities Act that made it possible.

#### SENATOR DIANNE FEINSTEIN BECOMING RANKING MEMBER OF THE SENATE JUDICIARY COMMITTEE

Mr. LEAHY. Mr. President, today, the Senate Judiciary Committee convenes for the first time in the 115th Congress, and we mark an historic moment in the committee's 200-year history. Last week, Senator DIANNE FEINSTEIN was named the committee's ranking member, the first time in American history that a woman has served in this capacity. It is striking that 352 Members have served on the committee, and only six of those—all Democrats—have been women. Three of those six women are proudly serving on this important committee today: Senator FEINSTEIN, Senator KLOBUCHAR, and Senator HIRONO, whom we welcome back to the committee.

Senator FEINSTEIN has long been a leading voice on this committee. I have enjoyed working with her on countless issues ranging from national security to immigration reform to Supreme Court nominations. Senator FEINSTEIN has broken down barriers throughout her career, and her new role as ranking member of the Judiciary Committee is only the latest example. As the committee grapples with some of the most pressing issues facing our country, we will all be counting on Ranking Member FEINSTEIN's leadership. We should all congratulate her on this historic moment.

#### REMEMBERING DR. PIERS SELLERS

Mr. NELSON. Mr. President, on December 23, 2016, the world lost a true hero.

Dr. Piers Sellers was a scientist and an astronaut, having flown three times

on the space shuttle. On his first mission, he flew aboard the Space Shuttle Atlantis to the International Space Station, where he completed nearly 20 hours of space walks outfitting and assembling the orbiting outpost.

Several years later, following the tragic loss of the Space Shuttle Columbia, Piers returned to space and to the International Space Station aboard Discovery, carrying out the second of two test flights NASA needed to test critical on-orbit inspection and repair procedures resulting from the Columbia accident investigation.

On his third and final mission, he once more flew aboard Atlantis to the ISS. On this mission, he served as the robotics officer, again playing a key role in assembling and outfitting the space station.

His career as an astronaut exploring the frontier of space is by itself sufficient to justify Piers' status as a national hero; yet his service as an astronaut and explorer is a small subset of the contributions Piers made to our country and to our entire civilization.

Piers was a renowned climate scientist, specializing in using computer modeling and space-based observations to understand and predict the dynamics of our changing planet. He was also a brilliant communicator, whether testifying at a Commerce Committee field hearing in Miami about the impending dangers of sea level rise or standing in front of NASA's "hyperwall" video system narrating stunning and informative visualizations of the massive data sets that embody the "vital signs" of planet Earth. Countless policymakers, industry leaders, and even other scientists owe much of their understanding of the complex interactions of Earth's systems and of the alarming and undeniable signs that our civilization's carbon emissions are warming the planet to Piers.

Yet Piers' most heroic deed may be the decision he made shortly after being diagnosed with stage IV pancreatic cancer. He simply decided to keep going to work. To those that knew Piers, this was no surprise. A three-time shuttle astronaut and very capable manager, scientist, and engineer, Piers no doubt had many lucrative offers for employment following his final shuttle flight in 2010. Instead he chose to remain a civil servant scientist at NASA's Goddard Space Flight Center because he felt that was where he could contribute most to the future of our home planet. A few years later, when Piers received the devastating news that he had not long to live, he chose to spend his remaining time continuing his work at NASA and communicating climate science to the public in the calm and charming manner that was uniquely his.

In a short video Piers recorded shortly before his death, despite his body having been ravaged by cancer and surely knowing that he had very little time left, he appeared as cheerful and hopeful as ever. In the video, he said